

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12461

STATE FILE NUMBER

63-049333

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis Mo**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Louis City Hosp.#1**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY

Inside Limits  
Yes ☒ No ☐

c. CITY  
OR  
TOWN **St. Louis,**

d. STREET ADDRESS (If outside, give location)  
**1606 Helen Avenue**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Dominic**

Middle

Last **Christadore**

4. DATE OF DEATH

Month

Day

Year

**12**

**15**

**63**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**11-24-1885**

9. AGE (last birthday)

**78**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired-Custodian**

10b. KIND OF BUSINESS OR INDUSTRY  
**Mfg. Co.**

11. BIRTHPLACE (City and state or country)  
**Italy**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Anthony Christadore**

13b. MOTHER'S MAIDEN NAME

**Concetta -----**

14. NAME OF HUSBAND OR WIFE

**Rose Christadore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Jennie Montileone, 10134 Mary Vale I**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**CHRONIC PULMONARY EMPHYSEMA**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**5271**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11/30/63** to **12/15/63** and last saw her/him alive on **12/15/63**  
Death occurred at **4:45 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Donald K. Beck, M.D.**

22b. ADDRESS

**1515 Lafayette Ave.**

22c. DATE SIGNED

**12/15/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE

**Dec. 18, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.**

25. DATE RECD. BY LOCAL REG.

**DEC 17 1963**

26. REGISTRAR'S SIGNATURE

**Paul Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.